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CONFIRMATION NO. 8228

SERIAL NUMBER 10/784,462	FILING or 371(c) DATE 02/23/2004 RULE	CLASS 606	GROUP ART UNIT 3738	ATTORNEY DOCKET NO. GLM-1042	
APPLICANTS Humberto A. Berra, Cooper City, FL; Samuel Arbefeuille, Hollywood, FL; ** CONTINUING DATA ***** This appln claims benefit of 60/499,652 09/03/2003 and claims benefit of 60/500,155 09/04/2003 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/17/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /BRIAN E Acknowledged PELLEGRINO/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY FL	SHEETS DRAWINGS 21	TOTAL CLAIMS 109	INDEPENDENT CLAIMS 9
ADDRESS MAYBACK & HOFFMAN, P.A. 5722 S. FLAMINGO ROAD #232 FORT LAUDERDALE, FL 33330 UNITED STATES					
TITLE Stent graft with longitudinal support member					
FILING FEE RECEIVED 3018	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		